RMRCT
UPDATE

Vol. 7, No.2, October 2010

BIANNUAL NEWSLETTER OF
REGIONAL MEDICAL RESEARCH CENTRE FOR TRIBALS
JABALPUR

Editor - in - Chief
Dr. Neeru Singh
Director

Editor
Dr. Kalyan B. Saha
Scientist D

Assistant Editors
Dr. Jyothi T. Bhat
Scientist D

Dr. Ravendra K. Sharma
Scientist C

Photography
Dr. Rakesh C. Mishra
Technical Officer A

Inside

Article
KNOWLEDGE AND PRACTICES OF MATERNAL HEALTH CARE AMONG BAIGAS OF DINDORI, MADHYA PRADESH

Publications

Conference/Workshop/ Meeting attended

Foreign Visits

Workshops/Symposium/ Training/Meeting Conducted

Joining/Promotion

Events

Construction work of Construction of Guest house

Painting

Regional Medical Research Centre for Tribals
(Indian Council of Medical Research)
Nagpur Road, Garha
Jabalpur - 482 003
Madhya Pradesh, India
Ph: 0761-2370800/818, Fax: 0761-2672835
Email: rmrctjabalpur@rediffmail.com
www.rmrct.org

KNOWLEDGE AND PRACTICES OF MATERNAL HEALTH CARE AMONG BAIGAS OF DINDORI, MADHYA PRADESH

Dinesh Kumar

Improving maternal, newborn and child survival is a global and national research priority. Knowledge of Maternal health care services and practices of tribal women are too much important in context of reducing the risk of life of mothers and new born. Globally, millions of women, newborns, and children die from preventable causes in each year. The literature shows that more than 60 million women deliver at home without skilled care.[1] About 530,000 women die from pregnancy related complications, with some 68,000 of those deaths resulting from unsafe abortion.[2] About 4 million babies die within the first month of life and more than 3 million die as stillbirths[3] and over 10 million children under the age of 5 die.[4] The complications of pregnancy and childbirth cause had more deaths and disability than any other reproductive health problems such as millions of women in developing countries experience life threatening and other serious health problems related to pregnancy or childbirth.

Our country accounts for more than 20% of the global maternal and child deaths, and also records 20% of births worldwide. Approximately 30 million women in India experience pregnancy annually, and 27 million have live births. Of these, nearly 136,000 maternal deaths occur annually, most of which can be prevented. The maternal mortality ratio is 540 maternal deaths per 100,000 live births, rising to 619 in rural areas. States with high maternal mortality include Rajasthan, Madhya Pradesh, Jharkhand, Orissa, Uttar Pradesh and Bihar[5]

The SRS (2004-06) of health profiles of M.P state have higher maternal mortality ratio (335) and infant mortality (70) compared to national figure of 254 and 53 respectively[6]. Baigas is a historical

Statements and opinions expressed in the article are solely of author(s)/ contributor(s). The editors disclaim any responsibility for the accuracy of statement made by the author(s)/contributor(s).

primitive tribe of M.P known as expert axe men and depend on their axes for their livelihood on denizens of forest. The high mortality rate among the Baigas is also a sad tale of woes[7]. The socio - economic indicators of Dindori the district in which the study was conducted, shows higher IMR (70), Maternal Mortality Rate (390), Birth Rate (26), Death Rate (10)[8].

A study was carried out among Baiga's tribe by the Centre in Dindori district of Madhya Pradesh. A cross sectional survey with a probability proportion to size sampling technique was carried out. Out of the district's total population, 95% lives in rural area and 65.3% population are tribal. The 37% of the population is under BPL, with poor health and education facilities[8]. The information was collected by trained investigators through structured schedule in the year 2009-10.The total populations 2,258 of 460 households were surveyed in 24 villages and 500 ever married women were interviewed to assess their knowledge and practices related to maternal health care.

Socio-Demographic Characteristics of Study Population

Average household size was 4.9 persons (ranges 1-12) with a sex ratio of 1045 female/1000 male. Overwhelming majority of tribe lived in nuclear families (73.8%). The source of drinking water is important because waterborne diseases including diarrhea and dysentery are quite prevalent in tribal areas. It was found that about 30.4% of households were using drinking water mostly from stream/river.

Knowledge of Maternal Health Care Services

Women's knowledge regarding maternal health care services was assessed out of 500 ever married women and result indicated that about two-third women (67%) were not aware of maternal health care services. The knowledge of maternal health care services

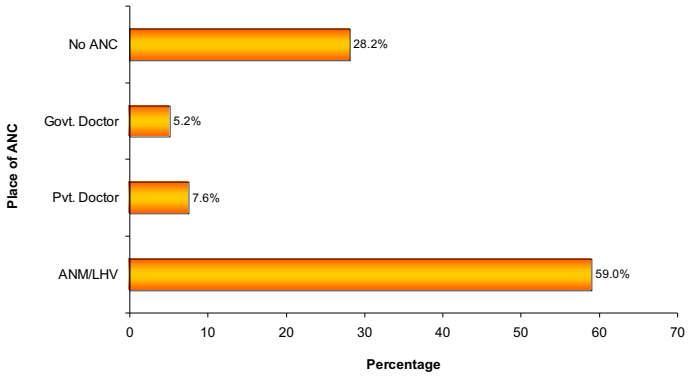

Figure 1: Sources of ANC

birth in last five years compared to those who did not delivered during the same period. Furthermore, only 13% women knew about the danger signs of pregnancy.

Antenatal Care Practices

Out of 500 women, 380 had pregnancies during last five years and 273 (72%) of them had taken at least one ANC mostly from ANM/LHV (Fig 1). For majority, first antenatal checkup was done in the second trimester (43%). Consumption of IFA tablets and T.T. immunization was reported from 68% and 76.3% of the respondents respectively.

Place of Delivery

Most of deliveries which take place at homes are assisted by medically untrained persons, which lead to higher maternal morbidities and mortality[9]. The place of delivery is an important factor to save the mothers life and prevent associated risks. It was found in the study that only a handful of births were attended by skilled health personnel. Ninety two percent deliveries were made at home and only 8% deliveries were conducted at health institutions. Further out of all home deliveries, only 8% deliveries were assisted by skilled person. The postnatal care practices were also poor among the Baigas.

To conclude the findings of the study revealed low awareness and underutilize of maternal health services. Some of the factors responsible for poor utilization of services were their poverty, ignorance, distance to medical facilities and lack of means of transport. Motherhood is often a positive and fulfilling experience for women, but it is also associated with suffering, ill-health and even

death in many cases[10]. The rate of deaths among women during or after pregnancy, in India has declined to 212 per 100,000 live births in 2007-09 as against 254 in 2004-06, according to data released by the Registrar General of India. Though there is a decline of 17% during the period, much more has to be done in this direction. The country needs to achieve a target of 109 deaths by 2015 to achieve the United Nations-mandated Millennium Development Goalsa feat already achieved by Kerala, Maharashtra and Tamil Nadu[11].

The concept of healthy mother and healthy baby is an important aspect of reproductive health care programme and this can be achieved to a great extent by reducing health inequalities. This may be achieved by improving education, availability, accessibility and quality of health services in tribal areas.

Acknowledgement:

Author acknowledge Mr. Ajay Goel, TA (R) and Mr. M.L. Kori, TA (R) for their various help extended in this study.

References:

1. Rudolf Knippenberg et al., "Systematic Scaling Up of Neonatal Care in Countries," The Lancet Neonatal Survival Series, No. 3 (March 2005).
2. World Health Organization (WHO), The World Health Report 2005: Make Every Mother and Child Count (Geneva: WHO, 2005).
3. WHO, The World Health Report 2005: Make Every Mother and Child Count; and Jelka Zupan and Elizabeth Aahman, Perinatal Mortality for the Year 2000: Estimates Developed by WHO (Geneva: WHO, 2005).
4. Robert Black, Saul Morris, and Jennifer Bryce, "Where and Why Are 10 Million Children Dying Every Year?" The Lancet 361, no.9376 (2003): 222634.
5. UNICEF India-Health:www.unicef.org/india/health_1341.htm - 16k.
6. District prospective plan year 2007-08 to 2011-2012 Backward Region Grant Fund, District Dindori.
7. Tewari D.N (1984): Primitive Tribes of Madhya Pradesh, Strategy for Development, Government of India, Ministry of Home Affairs, Tribal Development division, New Delhi.
8. Sample Registration System 2004-2006.
9. Jelka Zupan (2005): Perinatal Mortality in Developing Countries, New England Journal of Medicine, Vol. 352:2047-2048, No.20, May 19, 2005.
10. URL:http://www.who.int/topics/maternal_health/en/-access, dated 28 September 2011.
11. URL:http://dl.dropbox.com/u/5973996/users/g-g1%20%28trendsi%29.pdf access dated 28 September-2011.

Dr. Dinesh Kumar, Scientist 'C' (Statistics)

Publications

1. Balgir RS. Challenges of imparting IEC for prevention of hereditary sickle cell disorders, á-Thalassemia syndrome and G-6-PD deficiency in India. Tribal Health Bulletin, 2007 (Published in 2010), 13 (1 & 2):14-22.
2. Balgir RS. Phenotypic diversity of sickle cell disorders with special emphasis on public health genetics in India. Curr. Sci. India, 2010, 98 (8):1096-1102.
3. Barde PV. Swine influenza: an overview RMRCT UPDATE, April 2010, Vol. 7, No.1 1-5.
4. Rao VG, Bhat J, Gopi PG, Yadav R, Selvakumar N, Wares DF. Diagnosis of pulmonary tuberculosis by symptoms among tribals in central India. Natl Med J India. 2010; 23(6): 372-373.
5. Rao VG, Bhat J, Yadav R, Gopi PG, Selvakumar N, Wares DF. Pulmonary tuberculosis among Bharia - a primitive tribe of Madhya Pradesh. Int J Tubercul Lung Dis. 2010;14(3):368-70.
6. Rao VG, Gopi PG, Bhat J, Selvakumar N, Yadav R, Tiwari BK, Gadge V, Bhondeley MK, Wares

DF. Pulmonary tuberculosis: a public health Problem amongst Saharia, a primitive tribe of Madhya Pradesh, central India. Int J Infect Dis. 2010; 14: e713-e716.

7. Saha U. and Saha KB. A trend in women's health in India - what has been achieved and what can be done, Remote Rural Health, April-June 2010; 10(2): 1260.

8. Sharma RK. Newborn care among tribes of Central India: experiences form micro level studies. Social Change. 2010, 40 (2):117-137.

9. Sharma SK, Rani M, Sharma RK. Elementary education in Uttarakhand: an appraisal. Journal of Indian Education, 2010, XXXV (4).

10. Singh N, Shukla MM, Shukla MK, Mehra RK, Sharma S, Bharti PK, Singh MP, Singh A, Gunasekar A. Field and laboratory comparative evaluation of rapid malaria diagnostic tests versus traditional and molecular techniques in India. Malar J. 2010, 5;9:191.

11. Yadav R, Rao VG, Bhat J, Gopi PG, Selvakumar N, Wares DF. Tuberculosis prevalence among Baiga primitive tribe of Madhya Pradesh. Indian Journal of Tuberculosis. 2010; 57(2):114-16.

Workshops/Symposium/Training/Meeting attended

Dr. Neeru Singh

- Attended meeting with Principal Secretary, Govt. of Chhattisgarh, Secretaries of Tribal and other departments and State Health Officers regarding Malaria in Tribals of Chhattisgarh on 22nd & 23rd April 2010.
- Attended and delivered a lecture in a workshop on 'Strengthening of MP Climate Change Cell' sponsored by GoMP and UNDP at RCVP Narohna Academy of Administration, Bhopal on 26th and 27th April 2010.
- Delivered lecture on 'Malaria' in a training programme organized by SOCHARA (Society for Community Health, Awareness, Research and Action) Bhopal at Sneha Sadan Jabalpur on 28th June 2010.
- Attended informal consultative meeting on standard protocol development for estimating malaria disease burden in SEA region, WHO SEARO, New Delhi during 11th -13th August, 2010.
- Attended a meeting on consultation on strategy for malaria vaccine development at Delhi during 28th - 30th September 2010.

Dr. T. Chakma

- Attended a workshop on selected stakeholders on water quality monitoring organized by NEERI on 7th September 2010 held at Nagpur.

Dr. Jyothi Bhat

- Attended DOTS Plus training programme during 31st May - 4th June 2010 at STDC, Ahmedabad.
- Attended a training programme on 'Process of Quality' organized by MPSACS, Bhopal during 17th - 20th August 2010.

Dr. R. K. Sharma

- Attended and presented a paper at 2010 annual meeting of Population Association of America (PAA), during 15th -17th April 2010 at Dallas, USA.

Dr. Pradip Barde

- Attended and delivered a lecture at EPCO organized meeting on climate change held at Bhopal on 7th July 2010.

Dr. P. K. Bharti

- Attended a meeting in department of Biotechnology AIIMS New Delhi during 11th - 13th May 2010 to discuss the vaccine study.
- Attend a training programme on In-vitro culture of Plasmodium falciparum at ICGEB, New Delhi during 29th August - 4th September 2010.

Foreign Visits

Dr. R. K Sharma, Scientist 'C' visited Dallas, Texas, USA to attend the 2010 Annual meeting of the Population Association of America (PAA) during 15th - 17th April 2010. Dr. Sharma also visited East-West Centre (EWC), University of Hawaii, Hawaii, USA during 18th - 20th April 2010. He received a Travel award from William and Flora Hewlett Foundation for his visit.

Workshops/Symposium/Training/Meeting conducted

Dr. V.M. Katoch, Secretary, Department of Health Research, Govt. of India & Director General, ICMR, Delhi visited the centre on 2nd April, 2010 and reviewed the Centre's research activities.



An orientation meeting of District Programme Officers on Quality Assurance of Malaria Laboratory Diagnosis and Pharmacovigilance of Antimalarials was organized on 10th April, 2010 at RMRCT Jabalpur.



A training workshop was conducted on 21st May, 2010 for the staff of the centre with the objective to train them in biosafety level 2 laboratory practices.



A training workshop on vector borne diseases for Medical Officers of various districts of Madhya Pradesh was organized during 28th - 30th July 2010 jointly with NIMR FS Jabalpur and Directorate of Health Services.



Collector Jabalpur district organized a meeting at RMRCT on 18th August, 2010 to review the situation of Swine Flu in Jabalpur. Chief Medical and Health Officer, and other health officers also attended the meeting.



The centre also organized journal club meeting from time to time. The scientists and students of the centre discuss their work.



Joining/Promotion

- Mr. Sharad Koshta joined as Lower Division Clerk on 24.06.2010.
- Mr. Surendra Jatavath joined as Technical Assistant on 26.08.2010.
- Mr. P. K. Choubey was promoted to Lower Division Clerk on 21.06.2010.

Events

Dr. V.M. Katoch, Secretary to Government of India, Department of Health Research and Director General, Indian Council of Medical Research (ICMR), Delhi inaugurated the new trainee hostel on 2nd April 2010.



First Meeting of ICMR Forum on Tribal Health Research was held at the Centre on 8th August, 2010. Directors and scientists of various other ICMR institutes working on tribal health presented the work carried out at their respective institutes. Secretary to Government of India, Department of Health Research (DHR) and Director General, ICMR reviewed the research work carried out by ICMR institutes/centres on tribal communities.



The International Day of the world's Indigenous Peoples (Tribals) was also observed with great enthusiasm on 9th August, 2010. Shri Maurice Kujur, Vice Chairperson, National Commission for Scheduled Tribes (NST) presided over the occasion.



The centre celebrated 64th Independence Day on 15th August, 2010 with great enthusiasm. Dr. Neeru Singh, Director of the centre hoisted the National Flag at the main building of the centre.



On the occasion Hindi Fortnight an appeal was made by the Director to all officers and staff of the Centre to carry out their official work as much as possible in Hindi. Various competitions were organized at the centre to promote working in Hindi among the employees. The winners of the competitions were presented with cash prizes and certificates by Director of the centre.



Constructions work of Guest house under progress







Painting on Dancing Session of Baigas- a primitive tribe of M.P.
-By Dr. R. C. Mishra, Technical Officer-A